

CURB
Meeting Minutes
November 17, 2010

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PRESENT

Board: David Butsch, MD, Michel Benoit, MD, Norman Ward, MD, Patricia Berry, MPH, Molly Hastings, MD, Adam Kunin, MD, Delores Burroughs-Biron, MD, Paul Penar, MD, William Minsinger, MD

Other Interested Parties: Madeline Mungeon (VMS), Meg Baldor

DVHA Staff: Michael Farber, MD (Medical Director, DVHA; moderator), Lori Collins (DVHA), Daljit Clark (DVHA), Ramona Godfrey (DVHA), Ron Clark (DVHA), Danielle Delong (DVHA)

HANDOUTS

- Agenda
- Draft minutes from 10/20/10

CONVENE: Dr. Farber convened the meeting at 6:35 pm.

1.0 Introductions

Introductions were made around the table.

2.0 Review of Minutes-Dr. Michael Farber

October 20, 2010 minutes were reviewed and accepted.

3.0 Clarification of utilization controls & principals of coverage

Dr. Farber asked the question if anyone would like clarification of the discussion of the type of utilization controls.

Follow up question on the prior authorization process, it was asked if evidence is available that the use of prior authorization decreases the overuse of tests or if providers defer ordering tests that require prior authorization due to the administrative burden. Is it a quality tool or a cost effective tool. If it is only to decrease cost and does not improve quality then why do it?

Dr. Farber said he would research this subject and put it on the agenda for the next meeting. However, the presence of prior authorization alone is felt to reduce the number of requests, but criteria are formulated to ensure medical necessity.

The DVHA has one month of data from Medsolutions regarding prior authorizations for complex imaging. A total of 8 % of the prior authorizations were denied and only two beneficiaries appealed the decision and both were upheld.

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The question of profiling providers with a low denial rate to issue a gold card standard could be used.

The Board discussed possibility of training providers on appropriate use of complex x-ray studies

and providing retrospective reviews for ER imaging which has been excluded from prior authorization.

The Board requested a break down of where Medicaid dollars are spent. This will be presented next meeting.

4.0 Announcements- Data Specialists

Daljit Clark introduced the new data specialist Meg Baldor and gave a brief bio. Meg will be joining the DVHA January 2, 2011.

5.0 VAC System- in depth discussion and recommendations

- Total usage and cost about \$150 a day and request for how often, how long, and which diagnoses most frequently requested for V.A.C.
- The per cent placed post operatively.
- The duration of use of VAC.
- How often system placed with suspected infection. Inpatient vs. outpatient use.
- Associated readmissions for persistent open wounds.
- Provider specific use of V.A.C. system and clinical outcomes.

DVHA suspects that the V.A.C. system may be overused by Vermont providers. Dr. Farber requests the Board make recommendations if needed on V.A.C. usage. Dr. Benoit provided the CURB literature on the use of the V. A. C. system. This will be discussed at subsequent Board meetings.

6.0 Out of state medical services

- Office visits excluded from prior authorization
- Outpatient visits may lead to hospitalization out-of-state.
- Potential cost of out-of-state services and loss of income to Vermont institutions.
- Develop specific list of referred institutions.
- Possible Centers of Excellence for specific medical conditions
- Impact of state-of-state services to Vermont providers.

DVHA requires prior authorization only for elective out-of-state admission and when a procedure or service requires prior authorization.

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The board asked the cost of the out of state services and the percentage of beneficiaries receiving out of state services. Were these services available in Vermont? What is the fiscal impact for the state?

7.0 Use of Unlisted Codes- Tabled

- Medical reason for use
- AMA (CPT) rules
- Impact to providers
- Impact on reimbursement
- Recommendations to bring equality to the system

8.0 Round Table- Individual members' personal observations and recommendations for improvements.

Dr. Butsch expressed concerns that the prior authorization process function physician friendly and that prior authorization for imaging results in cost savings. In addition, Dr. Butsch suggested retrospective review of the use of complex imaging by the ER.

Dr. Benoit expressed concern that the delivery of care be more efficient and provide the best quality of care. Appropriate equipment and staff affects quality of care and should avoid repeat of poor quality studies.

Dr. Ward questioned the cost to Vermont for ambulance transportation to the ER and availability of smoking cessation. Dr. Ward also proposed avoidance of duplicate credentialing by DVHA.

Dr. Kunin was interested in specific services that are overused and to analyze by geographic area and by specific provider. Results of provider use of specific services may be helpful for individual providers. Dr Kunin brought up increased reimbursement for providers with special clinical certification.

Dr. Burroughs-Biron-expressed concern regarding over utilization of ER and the cost of providing higher level transportation for urgent care. She felt the primary care physician's hours may not meet beneficiary needs. Dr. Burroughs-Biron was interested in demographic information for ER utilization and the relation to the presence of a community health center.

Dr. Minsinger also targeted ER usage and suggested the help provided by case managers and responsibility for beneficiary appropriate ER usage.

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Patricia Berry expressed concern that DHVA expand support of the providers to reduce administrative barriers

Dr. Hastings suggested that reimbursement rates for pediatricians and PCPs may need improvement and that overuse of medications for children may be an area for the CURB to address.

Dr. Penar suggested exploring strategies to incentivize providers to accept more Medicaid patients including tax breaks to providers. Dr. Penar also suggested that inappropriate use of anticoagulation may also cause patient morbidity and increased cost to the program.

The board would like to see the Medsolution report.

Adjournment – CURB meeting adjourned at 8:35 PM

Next Meeting

December 15, 2010

Time: 6:30 PM – 8:00 PM

Location: Department of Vermont Health Access, Williston, VT